

VIOLENCE IN THE WORKPLACE

IMPATIENT PATIENTS



EMILY BALL PHOTOS, BRISTOL HERALD COURIER

Left: Connie Hensley speaks about her personal experiences with violence in workplace of the Emergency Room at Johnston Memorial Hospital in Abingdon, Virginia. Right: Corey McKinney speaks about his personal experiences with workplace violence in the Emergency Room between Bristol Regional Medical Center and Holston Valley Medical Center during his 11-year career in the nursing field.

The assault on health care workers

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ABINGDON, Va. — In five years working as a registered nurse, Connie Hensley has been struck in the face, spit on, screamed at and threatened by patients or their family members while working in the emergency department of Johnston Memorial Hospital.

She is far from alone. Physical violence against health care workers nationwide — particularly in emergency departments — is at an all-time high, even in rural community hospitals like Abingdon.

“I’ve been struck in my face by a behavioral health patient. I’ve been spit in my face by a behavioral health patient,” Hensley recounted for the Bristol Herald Courier.



WATCH: Videos of personal accounts of ER nurses who have been assaulted. Click the code with your smartphone or visit the story on HeraldCourier.com. **NEWSVU**

Patients requiring behavioral care are far from the only offenders as many incidents involve people upset over waiting time or other aspects of their visit.

“You’re trying to help somebody and they spit on you, which is the lowest thing you can do to somebody and it’s very dangerous too,” she said, referring to the diseases transferable by bodily fluids. And that isn’t all.

“Patients, after they assault a nurse,

Please see **WORKERS**, Page A4

Emergency rooms nationwide have reported violence on health care workers over the last several years.



Workers

From A1

will threaten them very explicitly and specifically with what they're going to do when they come back," she said. "They threaten to physically come and kill them [nurses]. To find out where they live and kill their family. They say they will come in and blow up the facility with everybody in it."

Some 20 miles down Interstate 81 in Tennessee, Bristol Regional Medical Center's bustling emergency department typically treats over 100 patients per day and up to 1,000 per week. Violence, or the threat of violence, can occur at any moment.

Corey McKinney, an 11-year staff nurse at Bristol and Holston Valley Medical Center has been spit on, bit, scratched and strangled with his own stethoscope. He said it's been a couple of years but for "altercations that have the potential to go bad are like a daily occurrence, especially in the ER."

"It's typically a high intensity environment. Anger is a normal emotion during the grieving process. It's one of the first emotions people feel when something bad has happened or their health, or the health of someone they care about, isn't going well. The next

person is who that gets taken out on is the person delivering their care. It's normal. It's usually just verbal. It doesn't always escalate to physical," McKinney said.

Violence, he said, is just one more thing for health care workers to deal with.

"A seasoned ER nurse will be more battle hardened. We have a certain level of tolerance because it's an everyday thing. We're nonchalant. You just grow to expect it after a while. We desensitize a lot of stuff because we see the worst possible stuff every day. You've got to be tough," he said. "It isn't just us. Its social services, or police, they get as much or more [abuse] than we do."

Nationwide, about 70% of emergency nurses and 47% of emergency physicians reported being assaulted, according to a 2018 survey by the American College of Emergency Physicians (ACEP) and the Emergency Nurses Association (ENA).

A similar 2022 survey by the same group found 66% of respondents were assaulted during the past year and more than 20% reported being assaulted more than once.

"Violence in emergency departments has reached epidemic levels and emer-

Please see **WORKERS**, Page A5

Workers

From A4

gency nurses are particularly vulnerable," according to the nurses association website, which notes the healthcare industry "leads all other sectors" in the incidence of nonfatal workplace assaults.

Asked for examples, Hensley cites many.

One day a woman and her adult daughter came in while the department was busy handling multiple cases. After the woman was checked in and evaluated, she was directed to wait.

"The triage nurse went to explain what the wait was and if anything changed please let them know," Hensley said. "In the middle of explaining, the daughter punched my nurse in her face. The nurse left and security had to get involved. She came back to help the team because we were short-staffed like everybody else — doing the best we could."

Charges were filed however the nurse who was struck was later publicly

vilified on social media.

"She left and will probably never be an emergency room nurse. She was a fantastic nurse so the community lost a highly trained individual," Hensley said.

They also deal with threats of escalated violence, all of which are taken seriously.

"We have so many instances where nurses have to call security as soon as they come into the parking lot and they're escorted in," she said. "I encourage our night shift team not to come in alone; wait until everybody comes in and walk in together and walk out together — there's safety in numbers."

Hospital security personnel now have a constant presence in Ballad Health emergency departments.

"In the pandemic and post-pandemic, I have found a lack of empathy and a lack of respect. And [patients] wanting an immediate response where there might not be the staff to provide that immediate response," Hensley said. "We always take the sickest people back [first]. We always take the

less stable. EMS trucks come to the back door of our ER so the public doesn't see what we get from EMS services."

That could include anything from heart attack or stroke victims, accident or shooting victims or other life-threatening circumstances. Health care workers can't reveal those specifics to other patients, Hensley said, which is also a source of frustration.

She compares the situation to a restaurant where patrons see a row of empty tables where no one is seated because of insufficient wait staff. Likewise, there may be emergency beds available but not enough nursing staff to attend to them all.

"To the people in the waiting room, it's your emergency and we respect that, but they aren't going to die from it," she said. "When you try to explain that to people in today's circumstances, they just hear 'you're not coming back now.'"

Ballad Health System lists current wait times and average visit times for all its hospital emergency rooms on its website. It also pro-

vides online information about wait times at all its urgent care clinics and links so non-emergency patients can speak with a health care provider online through its telemedicine program.

The longer people wait, the more their frustration or anger are likely to increase, McKinney said.

"At some point we get such an influx of patients, we run out of physical space and are treating people in the waiting room — starting an IV or treating people in a hallway. We're completely overrun and just trying to do the best that we can," he said.

"If somebody checks in and they're about to meet Jesus, we'll get them ahead sooner. Oftentimes we have to use our clinical judgment on who can wait and who can't wait. That's a hard task to do sometimes," McKinney said. "You have to have nerves of steel because they all want to be seen right now. They don't care about their neighbor who is also sick. We have to have empathy for them but, at the same time, I'm

realistic and know what the restrictions of a busy ER and what we need to do. Those decisions have to be made on a daily basis and that leads to anger."

Health care workers, he said, are trained to watch for behavioral keys such as tension, pacing or a raised voice.

"The first step in safety is to deescalate," he said.

Both cited multiple circumstances impacting this issue.

■ Hospitals everywhere are dealing with a worldwide shortage of health care workers.

■ Many patients don't have a family doctor and rely on the ER if health problems arise.

■ Many family practice doctors/clinics aren't accepting new patients or appointments can take months.

■ Many urgent care, walk-in clinics are similarly overwhelmed.

■ People are living longer, often with more advanced disease and complex health conditions.

■ The U.S. health care system can be complex and

difficult to navigate.

■ Substance abuse remains an epidemic regionally.

■ Untreated mental health patients comprise a portion of those coming to emergency departments.

■ During COVID-19 many put off checkups, screenings and other procedures, meaning they are sicker when they finally come to the ER.

Despite the challenges both still enjoy their jobs.

"I think if you were to ask, probably 90% of the people who come through our doors are satisfied with their care. There are many who are satisfied — despite waiting times — have always been very pleasant and thankful," he said.

Hensley asks her patients for patience.

"We love you and we want to help you. Please just be patient," she said. "I promise we will take care of you but be nice, please. We're here to help. We've got you but you've got to have us too."

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